

Local Government Compensation Limit Increase Request Form

Name of Jurisdiction: _____

Address: _____

Contact Person: _____

Phone: _____ E-Mail: _____

1. Position: _____

2. Current Salary: _____

3. New Salary Requested: _____

4. Provide the market data (national, regional, and/or state, as appropriate) used to justify the amount of the requested salary.

5. Describe the current total compensation package for this position. Include all wages, bonuses, special benefits, deferred compensation, transportation allowance, etc.

6. Describe the special expertise and qualifications for this position.

7. Describe current and/or anticipated recruitment/retention difficulties along with providing supporting documentary evidence. (The documentary evidence may include: national and state trends; national, regional, and/or state turnover rates; salaries of job offers extended to current incumbents; number of applicants for a position and/or reasons candidates have turned down job offers; and experiences of similar employers and other statistics.)

8. Describe current market conditions and characteristics related to this position. Include national, regional and/or state data, as appropriate.

Additional pages may be attached as needed.